## 2006 FOR PROFIT CORPORATION

## Mar 22, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P99000004771** 03-22-2006 90021 018 \*\*\*150.00 1. Entity Name MARCAN INVESTMENTS INC. Principal Place of Business Mailing Address 600 1ST AVE N SUITE 302 600 1ST AVE N SUITE 302 SAINT PETERSBURG, FL 33701 SAINT PETERSBURG, FL 33701 CR2E034 (11/05) 03162006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applind Fa 59-3555461 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VILLARI, JOE DO NOT WRITE 4201 POINSETTA DR SAINT PETERSBURG, FL 33706 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Hamilian with land are or particular. the obligations of registered agent Signature, typed or printed name of registered agent and ark if applicable (NOTE: Registered Agent signature rispared when reinstaling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ח THLE VILLARI, JOE NAME STRIET ADDRESS P.O. BOX 67267 ST. PETERSBURG, FL 33736 CITY ST-ZIP THE D VILLARI, MONICA NAME STREET ADDRESS P.O. BOX 67267 CHY-ST-ZIP ST. PETERSBURG, FL 33736 1171.0 MARK STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE mu STREET ADDRESS CRY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Florida. This changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND T

HAME STREET ADDRESS City-St-ZiP

MALAE STREET ADDRESS CITY - ST - ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**